

IN THE UNITED STATES PATENT TRADEMARK OFFICE

Applicant: David Marquardt

Wayne Lougher Stephen C. Schultz Atty Docket No.: SFI 1000

Serial No.: To Be Assigned Group Art Unit:

To Be Assigned

Filed:

Herewith

Examiner:

To Be Assigned

TITLE:

LAMINATED WEAR RING

DECLARATION AND POWER OF ATTORNEY OR AUTHORIZATION OF AGENT FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

This declaration is directed to:

[X]	The attached application, or		
Ìί	Application No.	, filed on	_,
	[] as amended on	(if applicable);	-

I/we believe I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled **LAMINATED WEAR RING**:

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 C.F.R. 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

I/we	hereby appoint:							
[X]	Practitioners at Custo	omer Number	027,782			Place Customer Number Bar Code Label here		
[]	Practitioner(s) named	d below:						
	Name			Registration Number				
	ny/our attorney(s) or ag sact all business in th with.							
						Place Customer Number Bar Code		
[]F	irm or Individual Name							
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Addre	ess							
City Count	trv			State		Zip		
Telep				Fax				
	m/are the:							
[X] A	Applicant(s)/Inventor(s).							
	Assignee of record of the en Statement under 37 C.F.R. 3							
FULL	NAME OF APPLICANT/IN\	/ENTOR						
Invent	tor two: David Marquardt	· · · ·	Citiz	Citizen of: United States of America				
Signa	ture: <u>Vave Usni</u>	<u> </u>		Dat	e: <i>08</i> /	131/01		
FULL	NAME OF APPLICANT/IN\	/ENTOR						
Invent	tor one: <u>Wayne Lougher</u>	Citize	Citizen of: <u>United States of America</u>					
Signa	ture: Way F. K	ym_		Dat	e: <u>8/30</u>	101		
FULL	NAME OF APPLICANT/IN	ENTOR			,			
Invent	tor one: Stephen C. Schu	ltz	Citize	Citizen of: United States of America				
Signa	ture: Jagh Color		Date: <u>8/30/0/</u>					